

President's pen



PHAA has received formal notification that the Department of Health and Aged Care is withdrawing the grant funding that the Commonwealth Government has provided to PHAA since 1987. This means that we join the ranks of many other non-government organisations that have been de-funded by the Howard Liberal-National Government including the Women's Electoral Lobby and the Australian Youth Policy & Action Coalition.

For the Association this means a drop by almost a third of our income. Clearly we will have to make some changes. Our Treasurer, Peter Sainsbury, recently spent a day with Secretariat staff working on cost-saving and revenue-generating proposals. These will be discussed with Executive and Council members prior to decisions being made. What is important is that we can continue with a functioning and effective national secretariat. That this is the case is a tribute to the forethought of previous PHAA Executives and Executive Directors who ensured that the Association owns real estate, has a fee structure to support independence and a series of activities that raise money. Most recently Lynne Flemming as Executive Director foresaw this possibility and ensured that the Executive had done plenty of thinking and planning.

What saddens me is that the withdrawal of our grant and that of so many other NGOs by the Howard Government signals an intolerance of difference from that Government. They see grants to NGOs in terms of "us" paying "them" to criticise "us" (with echos of the famous

Thatcher query "Are they one of us?"). In reality it is Government using "our" (ie taxpayers' monies) to ensure that national debate is broad and inclusive. More evidence continues to emerge that effective civil society is crucial for functioning democracy. Yet we have a Government who will brook no debate and withdraws funding from public interest groups who challenge their policies. Unlike political parties who are prepared to accept funding from anti-public health interests such as tobacco companies, NGOs will not attract or want private sector funding because so often the public interest is threatened directly by the activities of the private sector. Let's take the Friends of Medicare campaign as an example. There are so many vested interests involved in this debate: the AMA, private health insurance companies, and the huge finance companies keen to manage their reserves, and multi-national companies that own and manage private hospitals. These players have significant financial interests at stake – a shift away from Medicare equals more income and more profits. The voices in favour of Medicare are extremely weak by comparison. Even the ALP has announced that, although it recognises it is bad policy, it will not repeal the 30% rebate or lifetime health cover if elected (so please all PHAA members lobby your local ALP member or candidate about this). Of course the withdrawal of our funding gives us less money to defend Medicare but it does give us a freedom to speak out more stridently in favour universal public health insurance.

So the times ahead will not be easy for PHAA. But at least we know we are an Association whose opinion

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Stop Press

New Executive Director appointed

Pieta Laut has accepted the position as Executive Director of the Public Health Association of Australia and will commence work at PHAA on Monday 14th August. Pieta comes from the Department of Health and Aged Care and has a background in environmental and urban planning, and health issues.

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can't be bought. What we need now are innovative ideas for income raising and I'd urge you to email any ideas you have to our Treasurer Peter Sainsbury.

Over the coming months the Executive and Council will be working to develop a new constitution for the Association. In doing this they will be advised by the Governance Review established at the last Council meeting. This review team consisting of Tony Adams, Judith Dwyer, Stephen Duckett, D'Arcy Holman and myself met on 12 July. A draft proposal

from the group will be circulated with the next *intouch* and meetings will be held in each state before November to discuss the proposal. We hope that a proposal for change to the constitution and governance of the Association will be brought to the AGM to be held in Canberra in November. The Consultant's report that was commissioned earlier in the year is useful background to this review and is to be found in the members only section of our Web Page together with the results of a planning day the Executive held in April this year.

Finally, I would like to offer considerable

thanks to Joseph O'Reilly who has been our Interim Executive Director. He took over this position at extremely short notice. He has now left to travel overseas to continue with his human rights work. He will be visiting Africa and New York and then working in Haiti for a year. I hope he will send us despatches from there. In his months at PHAA he has done a fine job of co-ordinating the work of the Association and I would like to thank him sincerely on behalf of the Association and to wish him all the best for the challenges he will certainly face in his next endeavour.

A very special interest – news from PHAA's special interest groups

Food and Nutrition

Julie Woods has recently resigned as FANSIG convenor and from her position working with the Food Legislation and Regulation Advisory Group. The FANSIG executive would like to acknowledge the important contribution Julie has made over recent years to the SIG and to PHAA.

Robyn Bowcock has taken on the role of FANSIG contact person and can be reached at the Kimberley Public Health Unit on Ph: (08) 9191 1144;

Fax: (08) 9193 1378 or email: robyn.bowcock@health.wa.gov.au. Other members are sharing responsibilities until the AGM, when a new convenor will be elected. FANSIG aims to have a representative from each state on its committee and is pleased to welcome Louise Broomhead as the ACT representative, replacing Michelle Fraser who has recently had a baby.

Recent and planned FANSIG activities include:

- a) a workshop on the public health nutrition infrastructure and workforce which was held in conjunction with the Dietitians Association national conference in Canberra in May
- b) reviewing PHAA's food and health policy. Members' suggestions on the policy's scope and content are invited -

contact Trish Carter on carter.patricia@dhs.sa.gov.au or Ph: (08) 8226 6329

c) planning for a workshop in conjunction with the 2000 conference.

Patricia Carter for FANSIG

Executive nominations & elections

The following nominations were received by the Returning Officer for the election of PHAA Executive Office Bearers.

President – *Dr Peter Sainsbury*

Vice President Policy – *Helen Keleher, Magie Nial*

Vice President Development – *Marilyn Hatton, Terry Slevin*

Secretary – *Romaine Rutnam*

Treasurer – *Vacant*

Where only one candidate has nominated for a position that candidate

will be declared elected at the Association's AGM.

Where two or more candidates have nominated an election will occur.

Candidate statements for all nominees and ballot papers for contested positions will be distributed to members of the Association in the September edition of *intouch*.

In respect to a position with no nominee that position will be filled at the Association's Annual General Meeting in a manner determined by the meeting.

Journal Editor – expressions of interest sought

The appointment of Associate Professor John Lowe to the University of Iowa has resulted in his resignation as editor of the *Australian and New Zealand Journal of Public Health*.

The Journal, which is published six times per year, requires an Editor.

Appointed by the Public Health Association of Australia's Council, the Editor will be responsible for maintaining and growing the Journal as an essential medium for the communication of public health research and policy.

Expressions of Interest which address the selection criteria are therefore sought.

An information pack can be obtained by contacting the PHAA Secretariat on 02 6285 2373.

Joint action on GM foods

Media release sent out on July 6 by the AMA, ACA and the PHAA

Australia's peak medical (AMA), public health (PHAA) and consumer (ACA) bodies joined forces to write jointly to the Prime Minister and Premiers about their concerns on the proposals for the labelling of Genetically Modified Foods.

"We strongly urge that Governments reconsider the proposal on labelling which we believe is currently not a satisfactory response to the overwhelming demand of consumers for comprehensive, transparent and truthful labelling" said Dr. Karen Phelps, Federal President of the Australian Medical Association. "Any loopholes - such as those exemptions proposed by the Prime Minister for highly refined ingredients and for all genetically modified ingredients under a concentration of 1% in the final food - could provide companies with opportunities to misinform the public about their product."

"Consumers in a free market have the right to choose whether or not to consume GM foods or foods derived from GM sources and to protect their health through such choices" said the President of the Public Health Association of Australia, Dr. Fran Baum. "Labelling has been very effective in assisting consumers to make healthier food choices. And many consumers will require comprehensive GM labelling to protect their health. For example, any GM food product which contains a known allergen or toxin, in any form, must include labelling which distinguishes the product as genetically modified and also provides a clear warning statement that a



known allergen or toxin was used in the production of the food. This is not discussed in PM's proposal for a 1% threshold and we believe such warnings must form an explicit part of the GM Foods Labelling regime."

"The Prime Minister's proposal is not the kind of labelling which consumers will find transparent or helpful" said Louise Sylvan, Chief Executive of the Australian Consumers' Association "and it will not serve to enable them to exercise informed choice in the marketplace. We estimate that the great majority of processed



foods will not be labelled under this proposal."

"Nor will consumers be able to make GM choices when they are dining out or buying takeaway foods since foods prepared at the point of sale are also



proposed to be exempt from labelling requirements."

"It is our considered view that the proposals the Prime Minister has put are much weaker than

those originally envisaged by the Health Ministers. We would welcome a reinvigoration of the labelling proposals to ensure that consumers are given clear choices and are not misled" said the peak associations.

The AMA, ACA and PHAA strongly advocate for full labelling and a precautionary approach at this stage to GM crops.

For further information visit the following websites:

AMA – www.ama.com.au

ACA – www.choice.com.au

PHAA – www.phaa.net.au



Australian Research Centre in Sex, Health & Society

SHORT COURSE 2000

RESEARCH DESIGN IN QUALITATIVE SOCIAL INQUIRY

Dates: 25 – 29 September 2000

Venue: La Trobe University
1st floor, 215 Franklin St
Melbourne Vic 3000

This five-day short course focuses on the principles and practices of designing social and behavioural research, particularly using qualitative methodology.

Areas covered include: research question clarification, research design processes, qualitative and quantitative methodologies, research project planning and management and dissemination of research findings.

The course involves presentations by staff of the Centre and workshops where participants design projects suitable for their organisational settings and needs.

Teaching will be at a postgraduate level, and participants are expected to have a degree in a related field or significant relevant work experience.

Registration fee: AUD\$1320.00* including all course materials, lunch and morning and afternoon tea. Registration will be limited to 30 people. *Fee inclusive of GST.

For further information contact:

Tel: +61 3 9285 5382

Fax: +61 3 9285 5220

Email: arcs@latrobe.edu.au



Epidemiology's deep end

Legionnaires' disease at the Melbourne Aquarium

In March every year for the past decade, a new cohort of scholars have begun Masters' degrees in Applied Epidemiology (MAE) at the National Centre for Epidemiology and Population Health (NCEPH), Australian National University. The MAE scholars are supervised jointly by supervisors at field locations around Australia and staff at NCEPH. The work of these students contributes to the disease control efforts of the Communicable Disease Network. This program of epidemiology and public health in action has substantial support from the Commonwealth Department of Health and Aged Care.

After an intensive four-week orientation period at NCEPH, the scholars depart for their field assignments. This year, two new MAE students were thrown in at the deep end – at the Melbourne Aquarium outbreak. Their reports follow.

Charles Guest



Jane Greig writes:

I applied for the MAE to experience "shoe leather epidemiology". I did not expect to be involved in

Australia's largest detected outbreak of Legionnaires' disease less than three weeks after my arrival in Melbourne!

On the morning of Thursday 27 April 2000 I sat in the office of my field supervisor, Dr John Carnie (head of the Communicable Diseases Section (CDS) of the Victorian Department of Human Services), discussing what projects I might undertake to meet the requirements of my MAE degree and make a useful contribution to the section. He asked me to join a site visit to the Melbourne Aquarium with some of the Environmental Health staff.

That morning it had been determined that three cases of Legionnaires' disease



notified in the last 24 hours had all visited the Aquarium during the 10 days before onset of their illness. The possibility of a link necessitated an inspection, to sample and disinfect all possible sources of *Legionella*. Common sources are air-conditioning cooling towers, but in this case an inspection of all aquarium tanks and displays for possible aerosols would be necessary. We walked the short distance from our office to the Aquarium, arriving late morning.

Largely in the role of observer, the responses of the Aquarium management interested me. While surprised at the news and initially unaware of the possible magnitude of the problem (I think perhaps we all were!), the Aquarium staff were very cooperative. Whilst at the Aquarium, the outbreak team leader Graham Tallis telephoned us with information that another case had also visited the Aquarium - now four cases had visited in a two-day period in the school holidays, and all were very ill.

Before we left the Aquarium an urgent meeting between Public Health Division and Aquarium management had been arranged, as had immediate precautionary treatment of the cooling towers. A press conference was called for mid-afternoon, and a hotline set up for calls from the public that would inevitably flood in after the information about the possibility of an outbreak

which might be linked to the Aquarium was released by the media. A core outbreak team was formed, with many more staff assisting over the next few weeks, mainly taking calls on the hotline (about 7000 calls in total!). On Friday evening it was evident that numbers of infected people could be large, and we requested the support of another MAE student. Janet Li arrived from Canberra on

Saturday afternoon, and stayed for two busy weeks in Melbourne, leaving only when further work could be done from Canberra.

As "the new MAE" I was included in the outbreak team, taking on the role of data manager, a great opportunity. Over the course of the outbreak virtually all information passed through my hands sooner or later. I provided the latest figures for release to the media.

The cooling towers were found to contain *Legionella*, and later tests revealed that they had been disinfected on the day of the site visit. It was expected that no cases would surface much more than 10 days after disinfection of the source, allowing a few days for presentation after symptoms start. The fact that the link was so quickly established (within 24 hours of the first notification) almost certainly resulted in faster diagnosis for many, quite possibly saving lives (sadly two visitors to the Aquarium died). The relatively recent use of the urinary *Legionella* antigen test probably resulted in far more cases being diagnosed than would have occurred in the past. Certainly a vast number of tests were performed, more than 7000 in total, with more on one day than in the entire of last year. We in CDS were tired and working long draining days, and the same was true of the staff at Victorian Infectious Disease Reference Laboratory.

I was glad there had been a long weekend before this started, as I did not get another day off for quite some time!

Things have quietened down now, with the only "new" cases a result of serological diagnosis. I am heavily involved in a case-control study, to determine how the outbreak happened.



Janet Li adds:

On the night of 28 May, I got an urgent call from the MAE director. It was an emergency request for me to go to Victoria to join the outbreak investigation. After I hung up the phone, I started packing my luggage — with lots of epidemiology books — then I told myself to have a good sleep. The next morning, I got an early flight to join the investigation team in Victoria.

What I saw in the unit of infectious disease control in Victoria was straight from the field epidemiology textbook. In the Hotline room, there were about 10 volunteers receiving non-stop calls asking for information related to the outbreak. Any suspected cases from the hotline were passed to the core outbreak team. The experienced public health nurses then followed up the suspected cases and started phone interviews right away to establish any

particular characteristics. The outbreak team was also very busy with data entry and information retrieval for media release. Most staff worked from nine to ten hours per day, for at least ten consecutive days in the acute phase of this outbreak.

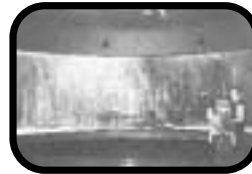
Apart from the field experience that I had from this outbreak, it also made me think deeply about several issues. First, the authority of a health department to access patients' hospital information during an outbreak situation. In some situations, hospital staff were reluctant to release patient information over the telephone. The ward staff had to consult senior floor supervisors and sometimes in-charge physicians before they could release the information. As a result, the information update of patients' progress and health status was delayed. This delay added to the work of the investigation team. How can we better both protect the confidentiality of patient information, yet obtain rapid access to it as needed during an outbreak?

Secondly, the input of the environmental health team is critical to the epidemiological investigation. Before this outbreak, I had no idea how

a cooling tower works, but I had to understand quickly, so that our questionnaire would make sense. Besides, the environmental sampling was crucial supporting evidence for the epidemiological investigation.

Thirdly, there seems to be a need for guidelines for national outbreaks. In this outbreak, there were a number of interstate and international cases, yet access to this information took time. There is currently no guarantee of participation from other state health authorities. Moreover, different state health authorities have different database systems; the merging of databases further compounds the management of an investigation. A

national outbreak is uncommon in Australia, yet management guidelines could save time and resources during investigation of a major epidemic.



The last lesson for me is to make a checklist for the next investigation trip, and to always check the weather of the destination before packing. Avoid being in the right place with the wrong clothes!

Branch news

Tasmania's Smoke Free Cards popular: 30,000 distributed

An initiative which actively encourages patrons of restaurants, hotels and bars to compliment or criticise management for their efforts in providing a smoke-free environment has proved to be popular in Tasmania.

This joint project of the Tasmanian branches of the Public Health Association of Australia (PHAA) and the Pharmaceutical Society of Australia (PSA) has resulted in a specially-produced Smoke Free Card being available from 150 pharmacies throughout the State. The cards are supported by Pharmacia & Upjohn, manufacturers of Nicorette.



To compliment management for providing a smoke-free environment, the Smoke Free cards have a 'Thank you' box which patrons can tick on the card they leave. They also have a 'What a Pity' box to tick if their lunch or dinner was spoiled by cigarette smoke.

Already 20,000 of the cards have been distributed through pharmacies since their release in July last year, and a third print run of 10,000 cards has just been delivered to pharmacies.

The further supplies of the cards will be available free from pharmacies and other outlets throughout the State during Quit Week, which is being held from 29 May until the 2 June.

"We have been very pleased with the response from the public", says Mr Kevin Morgan of the Tasmanian Branch of the Pharmaceutical Society. "It demonstrates that many Tasmanians share our concerns that

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Healthy Cities and Communities Short Course

Flinders University, Adelaide

Monday August 28 to Friday September 1, 2000

This course is run through the Department of Public Health at Flinders University, Adelaide in conjunction with the Noarlunga Healthy Cities Project and the SA Community Health Research Unit. Professor Fran Baum leads the teaching staff. Topics covered include:

- Healthy Settings Approach to Health Promotion
- Community Participation
- Collaboration Across Sectors
- Local Government and Health Promotion
- Planning and Needs Assessment for Health Promotion
- Project Implementation
- Managing Change
- Site Visit to Noarlunga Healthy Cities
- Evaluation Health Services and Health Promotion

For further information please contact:

Helen Scherer
Department of Public Health
GPO Box 2100
Flinders University
BEDFORD PARK SA 5042

Venue: Kelly Morris Room
Flinders University Campus
ADELAIDE

Cost: \$825 GST inclusive

Phone: (08) 8204 4698 **Fax:** (08) 8204 5693 **International:** +61 8

E-mail: public.health@flinders.edu.au

Web Address: <http://som.flinders.edu.au/FUSA/PublicHealth/index.html>

To confirm a place, please mail, fax or email with a \$50 deposit to Helen Scherer at the above address by 18th August 2000.

Qualitative Methods Public Health Research Short Course

Department of Public Health, Flinders University, Adelaide

Monday 16 to Friday 20 October 2000

This course provides:

- a broad overview of qualitative research methods and
- equips you with basic skills in the application of these methods in public health research and evaluation

The course includes:

- Theoretical aspects of qualitative research
- Concepts of reliability and validity in qualitative research
- Methods of sampling
- Conducting action research
- Data Analysis
- Report writing for qualitative research

The Course Facilitator is Dr. John Coveney and Lecturer is Dr Christine Putland both from the Department of Public Health, Flinders University.

Cost: \$825 Includes course materials, morning/afternoon tea

Venue: Kelly Morris Room, Flinders University ADELAIDE

Contact: Helen Scherer, Department of Public Health GPO Box 2100
Flinders University, Bedford Park SA 5042
Phone 08 8204 4698, Fax 08 8204 5693
E-mail: helen.scherer@flinders.edu.au

This course is also the equivalent of 6 units of post-graduate credit at Flinders University. Participants who require credit toward a post-graduate award must attend the 5 days of the course and also satisfactorily complete the specified assessment. Participants who wish to secure credit at a University other than Flinders must do so through the University concerned.

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environmental tobacco smoke causes health problems. They want to do something about it".

"The cards are a very tangible way that patrons can express their views", he said. "30,000 quiet voices amount to quite a roar".

PHAA State President Mr Dave Abbott said the Smoke Free Cards were necessary because Tasmania had fallen behind other States and Territories in regulating smoking in public places.

"Already comprehensive restrictions on smoking in public places have been introduced in the Australian Capital Territory, Western Australia and South Australia, and the governments of Victoria and New South Wales have committed themselves to doing the same", he said.

The initial fears that the introduction of smoking restrictions would lead to a loss of custom appear to have been unfounded. Introduction of smoke-free by-laws (ordinances) regulating bars and restaurants in United States has not led to a loss of revenue.

"In Tasmania, 20 per cent of people surveyed say they would eat out more if eating places were smoke-free", Mr Abbott said. "Smokers also support controls on smoking in restaurants and bars. In a recent Tasmanian survey, 96.5 per cent of smokers interviewed said they supported smoke-free dining rooms".

For further comment, please contact:

Kevin Morgan Ph (03) 6223 5203

Leigh Blizzard Ph (03) 6226 7719

Background

The dangers associated with environmental tobacco smoke (ETS) are well documented. There is no "safe" level of exposure, and that the data suggest a sizeable effect from even low-level exposure.

A summary is available at <http://www.smoke-free.ca/SL/Secondhandsmoke.PDF>.

Elected Office Bearers

National executive

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Fran Baum – email: fran.baum@flinders.edu.au

Secretary

Jane Freemantle – email: janejf@icmr.uwa.edu.au

Treasurer

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Editor, ANZJPH

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Policy Convener

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Food & Nutrition Vacant

Health Promotion Vacant

Health of People with Disabilities Seeta Durvasula – ph (02) 9807 7062
email: seetad@med.usyd.edu.au

Injury Prevention Fran McFadzen – ph (07) 4920 6980
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email: lshort@qut.edu.au

Political Economy of Health George Preston – ph (02) 6242 1996
email: george@prometheus.com.au

Rural Health Alison Miles – ph (02) 6257 7356
email: alison@ruralhealth.org.au

Women's Health Angela Taft – ph (03) 9819 5350
email: ataft@latrobe.edu.au

Polio Free 2000 – Now it's time to act

Australia and the rest of the *World Health Organization's Western Pacific Region* (WPRO) are moving rapidly towards the certification of polio eradication by the end of this year. With the commitment of countries in the region and technical support from WPRO certification for polio free status is now achievable.

The certification of polio eradication not only requires the absence of circulating wild poliovirus in the presence of high quality acute flaccid paralysis surveillance, but also requires measures to prevent the reintroduction of the wild virus into the community. These include evidence of high polio vaccine coverage, the contingency plan to address imported wild poliovirus and, most importantly, the implementation of laboratory containment wild poliovirus.

Laboratory containment is a pre-requisite for the certification of polio eradication. In Australia this is the only task that remains to be done to meet the WHO requirement. We have sufficient evidence to prove the absence of circulating wild poliovirus. We have not seen a polio case caused by wild poliovirus since 1974. An active surveillance system for acute flaccid paralysis (AFP), a partnership of the National Centre for Disease Control (NCDC) at Department of Health and

Aged Care, the Australian Paediatric Surveillance Unit (APSU) and the Victorian Infectious Disease Reference Laboratory (VIDRL), has been in place since 1995. More than 85% of Australian children are immunised against poliovirus. In addition, we already have a contingency plan in place should we have to deal with imported wild poliovirus.

Laboratory containment of wild poliovirus is a measure to prevent the reintroduction of wild virus from the laboratory into the community. At the



From left: Mrs Margery Kennett, Ms Nittita Prasopa-Plaizier and Dr Heath Kelly

time when natural circulation of wild poliovirus has stopped, laboratory sources of poliovirus will still pose a formidable threat, unless the virus is properly destroyed or contained. An article by Mulders et al (1997) demonstrates that the need for containment is more than just a "theoretical risk". This article reports that a strain of wild poliovirus type 1 was isolated from a fully immunised

(inactivated polio vaccine-IPV) 18 month-old boy. The strain of poliovirus type 1 isolated from the boy was identical to that used for manufacturing of IPV in the facility where his father worked.

Three years have passed since the last reported case of wild poliovirus in the WHO Western Pacific Region (WPRO). The only known source of the wild poliovirus now is within the region's laboratories. These laboratories may store poliovirus infectious or potentially infectious materials. Each country in the region has been asked to implement the laboratory containment of wild poliovirus and submit the national inventory to WPRO to form part of the regional and global inventory.

Australia has made a significant progress in the containment of poliovirus. Early this year, the Poliovirus Containment Project at VIDRL has been established to coordinate the implementation of laboratory containment. The Project is funded by the Commonwealth Department of Health and Aged Care (DHAC) and reports to the National Advisory Committee on Poliovirus Containment (NAC). The NAC's role is to facilitate and oversee the project as well as to liaise with the National Polio Certification Committee. Representatives for each state have

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FOUNDATION FOR HIGH BLOOD PRESSURE RESEARCH

2001 POSTDOCTORAL RESEARCH FELLOWSHIP

The Foundation for High Blood Pressure Research was established following the 15th scientific meeting of the International Society of Hypertension in Melbourne in 1994, to support research into hypertension and associated cardiovascular diseases.

The Foundation Fellowship

The Foundation is offering a three-year postdoctoral fellowship for a research project at an Australian institution. Applications from biomedical, clinical and public health researchers are invited.

Applications are open to Australian citizens or permanent residents.

It is expected that the successful applicant will have had at least five years' postdoctoral experience. The fellowship provides a salary and modest project maintenance costs.

Application Procedures

For further information (including application procedures), please contact:

Professor Warwick Anderson
Honorary Secretary
Foundation for High Blood Pressure Research
Department of Physiology
PO Box 13F, Monash University
Victoria 3800, Australia

Phone: + 61 3 9905 2555
Fax: + 61 3 9905 2566
E-mail: fhbpr@med.monash.edu.au

Applications close on Friday,
1 September 2000

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also been identified and the appointments are being formalised.

The Project held a workshop on March 24 to assist the development of the national plan of action for containment. The workshop was attended by prominent scientists from most states. According to a WHO Technical Officer responsible for containment, the workshop minutes were circulated among participants at the global planning meeting for implementation of containment held in Atlanta in early April. The Australian model for containment was reported to provide many good ideas for the preparation of the global plan. The US task force on polio containment also endorses our idea of state representatives and will duplicate the approach in its containment plan.

The Australian National Plan for Poliovirus Containment consists of two main tasks that must be completed: a national list of laboratories and organisations that may store poliovirus infectious or potentially infectious materials and the national inventory of these materials.

A national list which includes all identified diagnostic, biological, environmental, research and reference laboratories as well as organisations such as universities and hospitals has been created. Many individuals and organisations have contributed to the preparation of the list. To-date over 1,700 laboratories and organisations have been

identified. The national search still continues.

The national laboratory survey will be used to identify laboratories and organisations which should be included the National Plan. The survey is now well underway. Achieving 100% response rate from laboratories and organisations is the ultimate goal if the poliovirus containment is to succeed. Complacency and low awareness among laboratories are among the hardest obstacles to overcome.

The Australian model for containment has already been seen on a global scene. Our approach to containment will be used as a model by other countries. We now have the opportunity to demonstrate that all Australian laboratories have been properly identified and all have implemented the WHO containment procedures.

To-date we have the national plan for poliovirus containment in place. We have the commitment of the government and the National Advisory Committee. Much of the ground work has been done. It is now depends on the laboratories and the organisations to demonstrate their contribution towards Australia's polio free status. Now it's time to act. Let's make it happen.

Ms Nittita Prasopa-Plaizier

Mrs Margery Kennett

Dr Heath Kelly

Victorian Infectious Diseases Reference Laboratory

John Howard says sorry—Apology made by John Howard on Monday 4 July on national television

"Good evening. My name is John Howard and I'm speaking to you from Sydney, Australia, host city of the year 2000 Olympic Games.

At this important time, and in an atmosphere of international goodwill and national pride, we here in Australia — all of us — would like to make a statement before all nations. Australia, like many countries in the new world, is

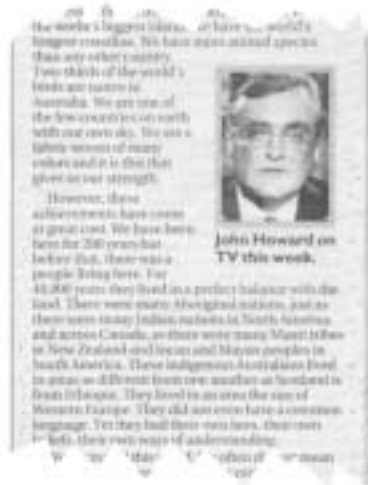
intensely proud of what it has achieved in the past 200 years.

We are a vibrant and resourceful people. We share a freedom born in the abundance of nature, the richness of the earth, the bounty of the sea. We are the world's biggest island. We have the world's longest coastline. We have more animal species than any other country.

Two-thirds of the world's birds are native

to Australia. We are one of the few countries on earth with our own sky. We are a fabric woven of many colours and it is this that gives us our strength.

However, these achievements have come at great cost. We have been here for 200 years but before that, there was a people living here. For 40,000 years they lived in a perfect balance with the land. There were many Aboriginal nations, just as



there were many Indian Nations in North America and across Canada, as there were many Maori tribes in New Zealand and Incan and Mayan peoples in South America. These indigenous Australians lived in areas as different from one another as Scotland is from Ethiopia. They lived in an area the size of Western Europe. They did not even have a common language. Yet they had their own laws, their own beliefs, their own ways of understanding.

We destroyed this world. We often did not mean to do it. Our forebears, fighting to establish themselves in what they saw as a harsh environment, were creating a national economy. But the Aboriginal world was decimated. A pattern of disease and dispossession was established. Alcohol was introduced. Social and racial differences were allowed to become fault lines. Aboriginal families were broken up. Sadly, Aboriginal health and education are responsibilities we have still yet to address successfully.

I speak for all Australians in expressing a profound sorrow to the Aboriginal people. I am sorry. We are sorry. Let the world know and understand, that it is with sorrow that we as a nation will grow and seek a better, a fairer and a wiser future. Thank you."

John Howard, the actor, spoke to the nation on ABC TV's *The Games* — we wish it had been another John Howard. Congratulations to John Clarke who moved much of the nation.

New look *intouch*

Welcome to your new look *intouch*.

When we ran out of our much loved pre-printed *intouch* shells we seized the opportunity to redesign the Association's newsletter. We hope you like some of the changes. Please tell us what catches your eye and what doesn't.

Above all it's your newsletter and we invite you to submit articles and material which you think other members of the Association might be interested in.

Curtin

UNIVERSITY OF TECHNOLOGY

Health promotion studies by distance education

Australia's No.1 university of science and technology (*Asiaweek* 1998/99) invites applications for the Postgraduate Diploma in Health Promotion. The diploma can be studied internally or by distance education over a period of one to two years, or longer by arrangement.

The course consists of eight units including the following core units:

- Health Promotion Planning
- Health Promotion and the Media
- Health Promotion Strategies and Methods
- Evaluation of Health Promotion

A range of optional units may be selected according to individual study needs and interests: school health promotion; physical activity and health; injury control; environmental health; worksite health promotion; public health nutrition; nutrition promotion; organisational behaviour; principles of health behaviour; health promotion professional practice. Each unit is also available on a continuing education basis for non-degree credit.

Applications are invited from health, welfare, education and other community professionals. The course is particularly appropriate for professionals working in rural and isolated regions. Applicants must have successfully completed a recognised degree course or equivalent in a relevant area of study. No on-campus attendance is required, however the course is also available by internal mode.

For further information contact Jenny Collins, School of Public Health, email enquiry@health.curtin.edu.au, telephone (08) 9266 2365, facsimile (08) 9266 2958, or visit our website at www.postgrad.curtin.edu.au



People's Health Assembly 2000



The People's Health Assembly is a broad, new initiative that seeks to involve a large number of people in formulating their own health agenda and setting their own priorities. People's rich experiences will be presented, discussed and translated into clear, practical and democratic policy guidelines. Efforts will

be made to regain the imperative that health, and health for all, is one of the most important goals for everyone to strive for and a process that everyone must be a part of. Health and equitable development will be put forward as top priorities in local, national and international policy-making.

The PHA project is a long-term process, which is organised in a way that seeks to involve as many people as possible from all corners of the world and from all kinds of communities and backgrounds. The PHA process will have three overlapping and interlinked phases:

- Pre-Assembly Activities which include analytical work, local/national/regional meetings and the collection of stories and case-studies;
- The Assembly Event which will be held in Gonoshasthaya Kendra, Savar, Bangladesh between 4-8 December 2000 immediately followed by a

follow-up Forum;

- Post-Assembly Activities which involves continued advocacy and follow-up meetings.

At this point of the PHA process, we wish to encourage you to get involved in the PRE-ASSEMBLY ACTIVITIES. Pre-Assembly activities are ways that people can actively participate and input into a people's agenda for health. So join us now in this challenge to put together a collective agenda for health and have our voices heard in a worldwide effort to improve the current health situation as well as point the direction for strategic and concrete action plans.

You can do this by organising meetings, producing stories and case studies and contributing to the analytical work and the formulation of the People's Charter for Health.

For more information contact Mary Murray: Telephone (02) 6231 7746 or email: memhmn@ozemail.com.au

THE AUSTRALIAN NATIONAL UNIVERSITY NATIONAL CENTRE FOR EPIDEMIOLOGY AND POPULATION HEALTH

SENIOR FELLOW/FELLOW/RESEARCH FELLOW EPIDEMIOLOGIST (LEVEL D/C/B)
Standard Appointment

Applications are sought from suitably qualified women and men for appointment to two or more positions as Senior Fellow/ Fellow/ Research Fellow at the National Centre for Epidemiology and Population Health.

The National Centre for Epidemiology and Population Health is a multidisciplinary research centre encompassing epidemiology, biostatistics, health economics, sociology/anthropology and demography. The successful applicants will be qualified epidemiologists, with experience and expertise in one or more of the following, field epidemiology, nutrition or food safety, environmental health, communicable disease or Indigenous health. In addition to their own research interests, the successful candidates will be expected to contribute to one or more of the Centre's postgraduate education programs.

Appointment: Appointment will be to standard positions.

Salary: Senior Fellow (Level D) \$71,118 - \$78,148 p.a.
Research Fellow (Level B) \$48,858 - 57,645 p.a.
Fellow (Level C) \$59,401 - \$68,190 p.a.

Enquiries: Professor R M Douglas, NCEPH, Telephone (02) 6249-4578, Email Director.nceph@anu.edu.au

Contact: Further particulars, including the selection criteria, must be obtained before applying from the Staffing Officer, NCEPH, Telephone (61-2) 6249 0713, Email: Virginia.Riddle@anu.edu.au.

Closing date: 11 August 2000 **Ref.:** NCEPH 12.7.1

Information on how to apply may be obtained from the ANU Web page – <http://www.anu.edu.au/hr/jobs> or by telephoning/emailing the contact. All applications should be addressed to the Staffing Recruitment Officer, Chancery 2A, The Australian National University, ACT 0200.

4th Australian Women's Health Conference – Politics, Action and Renewal

ADELAIDE CONVENTION CENTRE, SOUTH AUSTRALIA, 19–21 FEBRUARY 2001

The Australian Women's Health Network invites you to attend this exciting conference. The conference will aim to continue the development of action for women's health in Australia and to refresh and reactivate the National Women's Health Policy. We will focus on and respond to the politics of women's health work and be informed about the status of women's health both nationally and internationally. We will ask how we can strengthen the relationship between research, knowledge and practice and how we can support creative responses to women's health in practice. The conference will emphasise an inclusive and participatory approach.
<http://www.awhn.org.au>

Contact Festival City Conventions
PO Box 949 Kent Town SA 5071

"For readers with an interest in public health nutrition"

FOODChain, the quarterly official newsletter of SIGNAL, the Commonwealth Department of Health & Aged Care's Strategic Inter-Governmental Nutrition Alliance, is now available for viewing and downloading via Adobe Acrobat on <http://www.dhs.vic.gov.au/nphp/signal/fdchain.htm>.

The newsletter's primary focus is reporting and analysis on current public health nutrition activities within Australia. The June edition will be of interest to those thinking about pursuing public health training in the area of nutrition as it carries an overview of the training available in this area in Australia universities.

An email alert exists for the newsletter. For further information contact sub-editor Gill Read on ph/fax 03 9568 4229, email gillr@infoxchange.net.au

DISSENT

DISSENT magazine provides thoughtful and critical discussion of public affairs, including social and economic policy, education, science and the environment, cultural matters, media and the arts.

DISSENT is edited by Kenneth Davidson and Lesley Vick. It is published three times a year on subscription (\$22) and on sale nationally through newsagents (distributed by Gordon and Gotch) and major bookshops (cover price \$7.70).

The Autumn/Winter issue is on sale currently and includes articles on how to deal with the banks, gambling, economic reforms, the public service, heritage protection, public transport, science funding, and industrial relations.

Contact DISSENT at
PO Box 26
Deakin west
ACT 2600
Tel/fax 02 6260 4213
email: dissent@iaa.com.au

PHAA welcomes its new members

New South Wales

Ms Julie Edwards, NSW
Ms Pippa Burns, NSW
Mr Nicholas Prince, NSW
Ms Joan Burns, NSW
Colgate-Palmolive, NSW
Miss Lisa Allchin, NSW
Mrs Elizabeth Ford-Conroy, NSW
Ms Camille Raynes–Greenow, NSW
Ms Marta Munoz, NSW

Victoria

Ms Genevieve Nolan, Breastscreen VIC
Ms Fran O'Toole, VIC
Dr Kathleen Hayes, VIC
Mrs Margaret Gear, VIC
Miss Fiona Dickson, vic
Ms Sharyn Turney, VIC
Dr Jenny Proimos, VIC
Dr Glenda Lawrence, VIC
Mrs Lucy Cosentino, VIC
Ms Stephanie Paustie, VIC
Miss Katrina Doljanin, VIC

Queensland

Ms Brigid Lynch, QLD

South Australia

Dr Janice Duffy, SA

Northern Territory

Dr David Peacock, NT
Ms Jenne Roberts, NT

Tasmania

Dr Colin Butler, TAS

Opinion Survey

Food composition tables produced by ANZFA

The Australia New Zealand Food Authority's Food Composition Program has, over the last two decades, commissioned a series of food analytical programs to determine the nutrient composition of a wide range of Australian foods. The results from these programs have been published in a number of formats, including the books *Nutritional Values of Australian Foods* and *Food for Health: A Guide to Good Nutrition*. These are used by dietitians, doctors and other health workers, researchers, educators and anyone in the community concerned about their food intake.

ANZFA is now looking to revise these two publications and to release new editions. We are conducting a survey to obtain your opinion on how we might make these publications more useful, practical and tailored to your specific requirements. The survey also seeks your general comments regarding some of our other products including the nutrient composition databases NUTTAB95, the Supplement to NUTTAB95, and AUSNUT.

You are invited to view the Survey Form on the ANZFA website www.anzfa.gov.au and, to complete it online at the website, or to download and return it to ANZFA by mail, fax or email by 1 September 2000 to:

Ms Janine Lewis

ANZFA
PO Box 7186
Canberra MC ACT 2610
Fax: (02) 6271 2278
Email: janine.lewis@anzfa.gov.au

Thank you! Your contribution is appreciated

What's on

24–27 September 2000

Stroke Forum 2000: Rural and Remote Issues at the University of Queensland, Toowoomba. Areas of focus include reducing the burden of stroke in remote regions, prevention, health promotion, equitable access to information services and provision of high quality services. For further information contact 030 9670 1000 or freecall 1800 657 007.

15–19 October 2000

Australian Institute of Environmental Health
27th National Conference
Hotel Sofitel Reef Casino Cairns
and

21–23 October 2000

Post Conference Singapore Workshops
Le Meridien Singapore Hotel

Theme "Asian and Pacific Partnerships ... alliances for action in the 21st Century – Local Issues within the Global Context"

Enquiries: Contact AIEH on 07 3000 2299 for preliminary program and registration form or visit our website PacCon2000.com. Please note – registrations for Singapore Workshops close 31 July 2000.

29 October–1 November 2000

Health Inequalities – Reflecting Back, Stepping Forward 12th National Health Promotion Conference, Hotel Sofitel, Melbourne. Further information visit the website: www.icms.com.au/health, fax 61 3 9682 0288 or Email us at health@icms.com.au

18 November 2000

Eighth National Symposium of Hepatitis B and C, St Vincent's Hospital, Melbourne
Contact: (03) 9288 3580
E-mail: BELOTE@svhm.org.au

20 November–1 December 2000

Short Course in Tobacco Control & Gender –for policy makers, health promotion planners and researchers, at the

University of Melbourne's Key Centre for Women's Health (WHO Collaborating Centre). Focus on new approaches to tobacco control that incorporate a gender perspective, epidemiology on smoking trends, overview of research techniques for program/policy formulation, strategic planning for post-course action. Lectures, workshops and visits.

Tel. (61-3) 8344 4333
Fax (61-3) 9347 9824
e-mail: m.morrow@kcwh.unimelb.edu.au
or visit www.kcwh.unimelb.edu.au

26–29 November 2000

32nd PHAA Annual Conference Public Health Futures, National Convention Centre, ACT. For further details contact via email: conference@phaa.net.au

14 January–2 February, 2001

4th Summer School. Introduction to International Health & Development for Christian Health Care Workers, Flinders Medical Centre & Tabor College. For further information contact Intermed.SA, email: ajr@health.on.net

Various dates

SPHERE courses in health economics. Grad Dip on the web: next closing date 30 June for August start. Short Courses: 1-dayer 11 August; various two-four dayers November. Tailor-made courses on request. Contact Maggie at SPHERE: 02 9351 7419 or maggiea@pub.health.usyd.edu.au

National Short Courses in Environmental Health, Adelaide

Course 1 'Risk Communication in Practice' 27–29 Nov; Course 2 'Principles of Risk Assessment & Management' 30 Nov–6 Dec; Course 3 'Risk Assessment & Management for Water' 6–8 Dec; Course 3A 'Politics, ethics, economics & law in relation to Environmental Health' 6–8 Dec 2000. Further details contact nancy.cromar@flinders.edu.au or http://som.flinders.edu.au/FUSA/EnvHealth/EH_Home.html

Advertising in



1/4 page

Members \$196
Non-members \$275

1/2 page

Members \$308
Non-members \$430

Full page

Members \$552
Non-members \$760
camera-ready copy preferred but PHAA staff can prepare your advertisement (rate of \$20 p/h)

Conference listing

up to 5 lines \$30
up to 10 lines \$50

*Inserts (2000 x single A4 page)

Members \$400
Non-members \$500

*after booking, send to PHAA, attention:

Jacinta Trentini

**20 Napier Close Deakin
ACT 2605**

Costs for larger/thicker inserts are available on request. Copy deadline is for the 28th of the month for publication on 15th of the following month. If further information is required please contact PHAA via email: publications@phaa.net.au or phone **02 6285 2372**

Editor: Executive Director Design: Design Direction

Articles appearing in *intouch* do not necessarily reflect the views of the PHAA but are intended to inform and stimulate thought, discussion and comment. Contributions are welcome and should be sent to:

The Editor, *intouch*, PHAA
PO Box 319, Curtin ACT 2605
or email publications@phaa.net.au

How to join PHAA

Membership enquiries to:

Membership Coordinator, PHAA
PO Box 319, Curtin ACT 2605
Tel 02 6285 2373 Fax 02 6282 5438
email membership@phaa.net.au
website <http://www.phaa.net.au>